SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexampt charitable trust.

OMB No. 1545-0047

2015

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use of the organization	L					Employer Identification	
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hospital's na	ime, city, and stat	:e:		·			OGDEN
	tion operated for (b)(1)(A)(iv). (Com		college or university	owned or	operate	ed by a governmen	tal unit described in
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A community	y trust described i	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
receipts from support from	n activities relate n gross investme	d to its exempt ant income and	ore than 331/s% of its functions—subject to unrelated business 75. See section 509(i	o certain (taxable in	exceptio come (l	ns, and (2) no mon less section 511 ta	e than 331/₃%`of its
An organizat	ion organized and	l operated exclu	sively to test for publi	c salety. S	ee sect	ion 509(a)(4).	
one or more	publicly supported	d organizations d	ively for the benefit of lescribed in section 5 the type of supporting	09(a)(1) or	section	509(a)(2). See sect	ion 509(a)(3). Check
the suppor	ted organization(s	i) the power to re	supervised, or contro egularly appoint or ele				
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its support	ed organization(s)	(see instructions	ng organization opera s). You must comple	te Part IV	, Section	ns A, D, and E.	
that is not t	unctionally integr	ated. The organi	porting organization of zation generally must implate Part IV, Secti	satisfy a	iistributi	on requirement and	
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	Support Schedule for Organiza	ations Descri	bed in Section	ons 170/b)/11	(A)(iv) and 1	70(b)(1)/A)/vi	Page 2
ecti	(Complete only if you checked the						
ecti	Part III. If the organization fails to						
	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015_	(f) Total
1	Gifts, grants, contributions, and	1	1	-]	
	membership fees received. (Do not include any "unusual grants.")	[]				
^	include any "unusual grants.")		100	20817	20000	120200	161117
2	Tax revenues levied for the organization's benefit and either neld	1	1				
	organization's benefit and either paid to or expended on its behalf	}	·	·			
•		 		·			
3	The value of services or facilities furnished by a governmental unit to the	, (•	1		ļ	
	organization without charge	1	j	l	Ì	ļ i	
4	Total Add lines 1 through 3	0	100	20817	20000	120200	161117
-	*= .		100	20817	20000	120200	101117
5	The portion of total contributions' by	1	j	1			
	each person (other than a governmental unit or publicly	1	1				
	governmental unit or publicly supported organization) included on	į /	ł				łs
	line 1 that exceeds 2% of the amount		1	•	ļ	ļ	
	shown on line 11, column (f)		{				72622
6	Public support. Subtract line 5 from line 4.						88495
eti	ion B. Total Support						
len	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0	100	20817	20000	120200	161117
8	Gross income from Interest, dividends,			T			
	payments received on securities loans.		,		j	1 R	CEIVED
	rents, royalties and income from similar	1	ŀ				
_	Sources	<u> </u>					4 7 :1 :5 :20
9	Net income from unrelated business		T	1		1"L "	- 4 CUI/
	activities, whether or not the business is required con-	1	1	1		1 00	DEN
r	is regularly carried on	<u> </u>				<u> </u>	DEN, UT
0	Other income. Do not include gain or loss from the sale of capital assets		I	1		•	
	loss from the sale of capital assets (Explain in Part VI.)		1		l		
1	3					{	# # * C * *
1 2	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(see instruction	ns)			12	161117
3	First five years. If the Form 990 is for the	Oliphine	's first secon-	I third from	or fifth tex	ar as a section	n 501(c)(3)
-	organization, check this box and stop her			i, trura, iourtri,			
cti	on C. Computation of Public Suppor						
<u></u>	Public support percentage for 2015 (line 6	5, column (f) div	vided by line 11			14	%
	Public support percentage from 2014 Sch	nedule A, Part II	I, line 14		[15	%
•	331/a% support test - 2015. If the organia	zation did not c	check the box o	on line 13, and	line 14 is 331/		
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8	box and stop here. The organization qual						., ► 🛮
ia	331a% support test-2014. If the organ	uzation did not	t check a box	on fine 13 or	16a, and line	15 is 331a%	. ► □
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